



Ridglea West Animal Hospital

Thank you for giving Ridglea West Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

Mr./Mrs./Ms./Dr.

OWNER(S) _____ SPOUSE

ADDRESS

_____ STREET CITY STATE ZIP

PRIMARY PHONE _____ ALTERNATE
PHONE _____

PRIMARY EMAIL _____ SECONDARY

Any additional names and contact information:

HOW DID YOU BECOME AWARE OF OUR HOSPITAL (Select all that are applicable)

Hospital Sign _____ Internet (site name) _____ Pet Store (store name)

Shelter (name) _____ Veterinarian Referral (name)

Personal recommendation-whom may we thank?

_____ Other (please specify)

To serve you better, please let us know:

What is most important to you in veterinary care?

What is an experience you had to indicate you received excellent veterinary care?

Were you ever disappointed with another veterinarian? What was the cause?

Pet's name: _____ Sex: M F N S Age/DOB: _____

Breed: _____ Color: _____

Pet's name: _____ Sex: M F N S Age/DOB: _____

Breed: _____ Color: _____

Pet's name: _____ Sex: M F N S Age/DOB: _____

Breed: _____ Color: _____

Pet's name: _____ Sex: M F N S Age/DOB: _____

Breed: _____ Color: _____

Would you like more information about any of our hospital's services? Just circle and we can share more information with you.

BOARDING BATHING PROFESSIONAL GROOMING FLEA CONTROL PREVENTATIVE
DENTISTRY

DIET OPTIONS HOSPITAL TOUR PET TRAINING OTHER

- I authorize Ridglea West Animal Hospital to confirm vaccination records for my pet(s). Current core vaccinations are necessary for continued care of pet(s).
- I authorize Ridglea West Animal Hospital permission to transfer records to this practice:

Name of practice and location and/or phone number

- I authorize Ridglea West Animal Hospital to release my pet(s)' records to another facility at my request sometime in the future.

X

SIGNATURE

DATE

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am/I am not (circle one) over **eighteen** years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within five days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

GUARANTEE OF PAYMENT: For services received I hereby agree to guarantee and promise to pay Ridglea West Animal Hospital all charges and expense incurred in the treatment of the named patient. If any action at law or equity is brought to enforce this agreement, Ridglea West Animal Hospital shall be entitled to reasonable attorney/s fees, court costs and other costs of collection incurred. I understand that all bills are payable and become due upon presentation.

Payment is due when services are rendered. For your convenience we accept cash, Discover, VISA, American Express, MasterCard, and Care Credit.

X

SIGNATURE

DATE